


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719676 (9) 1. Corporation Name EAST BAY OAKS RESIDENTIAL CLUB, INC.			
Principal Place of Business 601 STARKEY RD 252 LARGO FL 33771 US		Mailing Address 601 STARKEY RD LOT 252 LARGO FL 34641 US	
2. Principal Place of Business 21 601 STARKEY RD Suite, Apt. #, etc. 22 93 City & State 23 LARGO FL Zip 24 33771		2a. Mailing Address 26 601 STARKEY RD LOT 93 Suite, Apt. #, etc. 27 LOT 93 City & State 28 LARGO FL Zip 29 33771	
3. Date Incorporated or Qualified 11/10/1970		4. FEI Number 59-1784972	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EVANS, DONALD 601 STARKEY RD #93 LARGO FL 33771			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	EVANS, DONALD		
STREET ADDRESS	601 STARKEY RD., #93		
CITY-ST-ZIP	LARGO, FL 00000		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	ATKIN, ARTHUR		
STREET ADDRESS	601 STARKEY RD., #100		
CITY-ST-ZIP	LARGO, FL 00000		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	ANDREWS, JOAN		
STREET ADDRESS	601 STARKEY RD., #11		
CITY-ST-ZIP	LARGO, FL 00000		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BOWMAN, DOROTHY		
STREET ADDRESS	601 STARKEY RD., #238		
CITY-ST-ZIP	LARGO, FL 00000		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	
NAME	POWERS, AMBROSE		
STREET ADDRESS	601 STARKEY RD., #306		
CITY-ST-ZIP	LARGO, FL 00000		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	DIRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	MCLAUGHLIN, JOHN		
3.3 STREET ADDRESS	601 STARKEY RD # 45		
3.4 CITY-ST-ZIP	LARGO, FL 33771		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	STUCKER, WILLIAM		
5.3 STREET ADDRESS	601 STARKEY RD # 135		
5.4 CITY-ST-ZIP	LARGO, FL 33771		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DONALD EVANS** *[Signature]* MARCH 8, 1998 535-7092

CR2E037 (10/97)